

Muscogee (Creek) Nation Head Start Application/Intake Form

Child's Name			Parent (s)/Guardian (s) Name		
Sex	Age	Birthday			
			Home Phone:		
Tribal Member <input type="checkbox"/> CDIB #: Tribe:		Indian Non-Tribal <input type="checkbox"/> CDIB #: Tribe:	Work Phone-Mother Work Phone-Father:		
Non-Indian <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Other (List)			Address:		
Emergency Care Arrangements (2 adults other than parents)					
1. Name: Address: Phone #: Relationship:			2. Name: Address: Phone #: Relationship:		
Emergency Medical Care					
Name of Family Doctor:			Phone #:		
Chart #					
Location of Office:			Medicaid Yes No #		
Other Selection Criteria (✓ all that apply)					
<input type="checkbox"/> Family Lives in Remote Area			<input type="checkbox"/> Child Needs Social Interaction		
<input type="checkbox"/> TANF Family			<input type="checkbox"/> Foster Care Child		
<input type="checkbox"/> Single Parent Family <input type="checkbox"/> Teenage Parent (s)			<input type="checkbox"/> Disability Concerns		
<input type="checkbox"/> Senior Caregiver					
Family Referred by (Individual/Agency Name):					
Family Composition					
Number of Family Members in the Household:					
Other Children in the Head Start Program <input type="checkbox"/> No <input type="checkbox"/> Yes How many?					
What is Parents Highest Level of Education in household ?:					
Staff Signature:			Date:		

Parent Signature:		Date:	
Status of Application (FOR OFFICE USE ONLY)			
Date of application:		Date Approved for Enrollment:	
Rating List #			
Date Child Enrolled:	Income Eligible <input type="checkbox"/>	Over Income <input type="checkbox"/>	Child Terminated <input type="checkbox"/>
Child Disabled <input type="checkbox"/>			

Head Start Criteria Needed with application		
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Verification of Income	<input type="checkbox"/> Social Security Card
<input type="checkbox"/> C.D. I.B. (if applicable)	<input type="checkbox"/> Immunization Record	

Head Start Transportation Consent

I, (We) _____ grant the
Head Start Program permission to release the following
named child(ren):

to the individuals listed below until I/we provide further
notification to the Head Start program:

PICK-UP AT THE CENTER:

NAME _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE: _____

NAME _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE: _____

NAME _____
RELATIONSHIP: _____

ADDRESS: _____
PHONE: _____

BUS DRIVER DELIVERY: (Person responsible for
receiving child from bus)

NAME _____
RELATIONSHIP: _____

ADDRESS: _____
PHONE: _____

I, (We), give consent/permission to the Creek Nation Head Start
staff to arrange transportation for all center related activities
including daily session, field trips.

_____	_____
Parent Signature	Relationship
Date	